

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW		6752	8-24-00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	1	1	11/16/00
2	2	2	11/16/00
3	3	3	11/16/00
4	4	4	11/16/00
5	5	5	11/16/00
6	6	6	11/16/00
7	7	7	11/16/00
8	8	8	11/16/00
9	9	9	11/16/00
10	10	10	11/16/00
11	11	11	11/16/00
12	12	12	11/16/00
13	13	13	11/16/00
14	14	14	11/16/00
15	15	15	11/16/00
16	16	16	11/16/00
17	17	17	11/16/00
18	18	18	11/16/00
19	19	19	11/16/00
20	20	20	11/16/00
21	21	21	11/16/00
22	22	22	11/16/00
23	23	23	11/16/00
24	24	24	11/16/00
25	25	25	11/16/00
26	26	26	11/16/00
27	27	27	11/16/00
28	28	28	11/16/00
29	29	29	11/16/00
30	30	30	11/16/00
31	31	31	11/16/00
32	32	32	11/16/00
33	33	33	11/16/00
34	34	34	11/16/00
35	35	35	11/16/00
36	36	36	11/16/00
37	37	37	11/16/00
38	38	38	11/16/00
39	39	39	11/16/00
40	40	40	11/16/00
41	41	41	11/16/00
42	42	42	11/16/00
43	43	43	11/16/00
44	44	44	11/16/00
45	45	45	11/16/00
46	46	46	11/16/00
47	47	47	11/16/00
48	48	48	11/16/00
49	49	49	11/16/00
50	50	50	11/16/00

Claim	Final	Original	Date
51	51	51	
52	52	52	
53	53	53	
54	54	54	
55	55	55	
56	56	56	
57	57	57	
58	58	58	
59	59	59	
60	60	60	
61	61	61	
62	62	62	
63	63	63	
64	64	64	
65	65	65	
66	66	66	
67	67	67	
68	68	68	
69	69	69	
70	70	70	
71	71	71	
72	72	72	
73	73	73	
74	74	74	
75	75	75	
76	76	76	
77	77	77	
78	78	78	
79	79	79	
80	80	80	
81	81	81	
82	82	82	
83	83	83	
84	84	84	
85	85	85	
86	86	86	
87	87	87	
88	88	88	
89	89	89	
90	90	90	
91	91	91	
92	92	92	
93	93	93	
94	94	94	
95	95	95	
96	96	96	
97	97	97	
98	98	98	
99	99	99	
100	100	100	

Claim	Final	Original	Date
101	101	101	
102	102	102	
103	103	103	
104	104	104	
105	105	105	
106	106	106	
107	107	107	
108	108	108	
109	109	109	
110	110	110	
111	111	111	
112	112	112	
113	113	113	
114	114	114	
115	115	115	
116	116	116	
117	117	117	
118	118	118	
119	119	119	
120	120	120	
121	121	121	
122	122	122	
123	123	123	
124	124	124	
125	125	125	
126	126	126	
127	127	127	
128	128	128	
129	129	129	
130	130	130	
131	131	131	
132	132	132	
133	133	133	
134	134	134	
135	135	135	
136	136	136	
137	137	137	
138	138	138	
139	139	139	
140	140	140	
141	141	141	
142	142	142	
143	143	143	
144	144	144	
145	145	145	
146	146	146	
147	147	147	
148	148	148	
149	149	149	
150	150	150	

If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)